

## LOUDOUN COUNTY SHERIFF'S OFFICE

880 Harrison Street SE, Leesburg, Virginia 20175 Telephone 703-777-0407

## AUTHORIZATION FOR RELEASE OF CREDIT HISTORY

I authorize the Loudoun County Sheriff's Office to obtain a record of my credit history from the current provider, Equifax. This record will be used in conjunction with other information to determine my eligibility for employment with the Loudoun County Sheriff's Office. I further understand that if my credit record (as obtained from Equifax) adversely affects my eligibility for employment with said agency, I will be provided with a copy of that credit record. I agree to indemnify and hold harmless Loudoun County, its agents and employees against all claims, damages, losses, expenses, and attorney's fees, arising out of this authorization. I voluntarily sign this statement. Furthermore, I have no objection to any part of this statement.

| Signature:         |                  | Date: |  |
|--------------------|------------------|-------|--|
| Address:           |                  |       |  |
| Date of Birth:     | Social Security: |       |  |
| Witness Signature: |                  |       |  |